but then Anel had not the advantage of the present antiseptic methods of treatment by which inflammation was prevented. Mr. T. Smith had tied the popliteal artery for popliteal aneurism several times with success and should recommend the operation.—*Lancet*, December 18, 1886.

H. H. TAYLOR (London).

III. Diffused Traumatic Aneurism of the Anterior Tibial Artery of Ten Weeks' Duration; Attempted Ligature; Amputation. By Mr. PAGE (New Castle-on-Tyne Infirmary, from notes by F. P. Maynard). The patient, æt. 16, was admitted with the following history. About nine weeks ago he was stabbed with a penknife (blade two inches long) in the left leg, at the junction of the middle with the lower third, about half an inch outside the crest of the tibia, in a direction backwards and inwards. It bled freely, spouting out dark blood. The leg swelled. Under rest and treatment with poultices the wound healed; the swelling, however, remaining. The day after his return home great pain came on, and the swelling again increased. It was poulticed, and 14 days afterwards was opened and exit given to much blood clot and a few drops of fœtid blood. The bleeding was stopped by pressure. The hæmorrhage continued, at intervals, in spite of treatment until the day before admission—when free bleeding occurred. On admission the boy was very anæmic and emaciated, poor pulse, and bad appetite. The lower and half of the middle third of the leg were occupied by a swelling about eight inches in length, uniformly fluctuative and soft; and situated about its middle was a small wound, from which blood was oozing a drop at a time. This swelling communicated distinctly with a similar but smaller one behind the inner side of the tibia. Both were without pulsation. Pulsation was absent in the anterior tibial artery below, but present in the posterior tibial. The foot was œdematous. Pressure was applied and the oozing stopped. Hæmorrhage again occurring three days afterwards, the swelling was laid open—a pound of blood clot evacuated—a tourniquet being on the femoral. The anterior tibial artery could not be found; two or three bleeding venous points were tied,

and one small artery. Then the hæmorrhage ceased. Some hours afterwards, however, the bleeding again recurred, and the leg was amputated through the middle third by lateral flaps. Before, however, convalescence became established, it was necessary, on account of bleeding, to open up the stump and tie a small vessel. The end of the tibia having been found to be necrosed at the same time, a piece of it was sawn off.

The patient ultimately was sent to a convalescent home—having gained flesh rapidly after the last operation.—*Lancet*, March 12, 1887.

H. PERCY DUNN (London).

IV. **Large Visible Pulsating Artery on the Posterior Wall of the Pharynx.** By J. W. FARLOW, M. D. (Boston, Mass.). This is a report of five cases with remarks upon the importance of recognizing the condition in operations upon the region. (1). Two large pulsating vessels upon the back of the pharynx, about a quarter of an inch inside the posterior pillar of the fauces and lying directly beneath the mucous membrane; the vessels were nearly vertical and the left one had a more marked pulsation than the right; to the finger the impression was given of an artery as large as the radial. (2). A large pulsating vessel on the posterior wall of the pharynx on the left side. (3). An almost exact counterpart of the first case. (4). A large vessel on the back of the pharynx about half way between the uvula and the posterior pillar of the fauces on the right side; this case is reported from memory simply. (5). A large pulsating vessel on the right side of the posterior wall of the pharynx.—*Jour. Am. Med. Ass'n.*, April 2, 1887.

V. **Cirsoid Aneurism Treated by Simultaneous Ligature of both External Carotids.** By THOMAS M. MARKOE, M. D. (New York). A man, æt. 20, had received, five years previously, a blow with a club on the left side of the head near the parietal eminence. A small lump had remained after the injury, and had slowly increased in size until in the course of two years, it had become a pulsating tumor. At the time of the operation he presented a large, soft, fluctuating tumor situated over the left parietal bone, toward which several large and